								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD													
		Effect		110	0/70	0,	223						
CLAIMS AS FILED - PART I							SMALL ENTITY TYPE				OTHER THAN R SMALL ENTITY		
(Column 1) (Column 2) TOTAL CLAIMS										OR I			
_		10					RA		FEE	-	RATE	FEE	
FO			NUMBER FILED		NUMBER EXTRA		BASIC	FEL	385.00	OR	BASIC FEE	770.00	
то	TAL CHARGEA	BLE CLAIMS	minus 20=		* 80		X\$	9=		OR	X\$18=		
	DEPENDENT CL		<u> </u>	inus 3 =	<u>' 3</u>		X43	X43=		OR	X86=	258	
MULTIPLE DEPENDENT CLAIM PRESENT							+14	5=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOT	AL		OR	TOTAL	1,028	
CLAIMS AS AMENDED - PART II										1	OTHER		
	(Column 1) (Column 2) (Column 3)							LL	ENTITY	OR	SMALLI	ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9] =		ŌП	X\$18=		
ME	Independent	*	Minus	***		=	X43	; =		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	TIPLE DEPENDENT CL			1.14				+290=		
	1,	7,10	, 10			+145	D= TAL		OR	TOTAL			
							ADDIT.			OR ,	ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)									- 1		
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	* ***		=	X43	_		OR	X86=		
	FIRST PRESE	ENDENT	ENDENT CLAIM			_		l	000				
							+145			OR	+290=		
		,	TO ADDIT. I	TAL FEE	;	OR ,	TOTAL ADDIT. FEE						
		(Column 1)	(Column 2) (Column 3)							_			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* .	Minus	**		=	X\$ 9	=	į	OR	X\$18=		
ME	Independent	*	Minus	***		=	X43:	=		OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OH			
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	· .	
		mber Previously Pa ber Previously Paid					ound in the	e app	ropriate box	in çolı	umn 1.		